| | | | | | | | | | Application or Docket Number | | | | | |
|--|--|----------------------------|-----------------------------------|------------------|-----------|--|-------------------------------------|----------------|------------------------------|------------------------|--------|--------------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD | | | | | | | | | | alikisa. | | | | |
| Effective December 29, 1999 GG554 | | | | | | | | | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | OR | OTHER THAN OR SMALL ENTITY. | | |
| FC | R | | NUMBER FILED | | | NUMBER EXTRA | | RAT | Έ | FEE | 1 | RATE | FEE | |
| BASIC FEE | | | | | | | | | | 345.00 | OR | | 690.00 | |
| TOTAL CLAIMS | | | minus 20= | | | • | X\$ 9 |) = | • | OR | X\$18= | | | |
| INDEPENDENT CLAIMS | | | minus 3 = | | | • | X39= | | OR | X78= | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +130 |)= | | OR | +260= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | olumn 2 | TOT | AL | | OR | TOTAL | 1091 | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | a | OTHER | THAN | |
| _ | | | | | | | (Column 3) | SMA | LLI | ENTITY | OR | SMALL | YTITM | |
| AMENDMENT A | | REM | AIMS IAINING FTER NDMENT | NG A | | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | . 10 | 3 | Minus | ** | 20 | = | X\$ 9 |)= | | OR | X\$18= | 9 | |
| | Independent | • 0 | <u>C</u> | Minus | ** | <u>·3</u> | = | X39 | = | | OR | × 8= | | |
| | FIRST PRESE | NTATIO | N OF MULTIPLE DEF | | PEN | DENT CLAIM | | +130= | | | | 390 | | |
| | | • | | | | | | | TAL | | OR | TOTAL | 0 | |
| | | | | | | | | ADDIT. | | | OR | ADDIT. FEE | | |
| \vdash | | | umn 1) Alms | | <u>((</u> | Column 2) | (Column 3) | | _ | ADDI- | 1 | | ADDI- | |
| AMENDMENT B | 6 | Α | LAINING FTER NDMENT | | | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RAT | Έ | TIONAL FEE | | RATE | TIONAL FEE | |
| | Total | • 1 | 5 | Minus | •• | · 20 | = | X\$ 9 |)= | | OR | X\$18= | | |
| | Independent | | 1 | Minus | | · 3 | = | X39 | = | | OR | X78= | | |
| | FINST PHESE | NIAIR | ON OF MC | JETIPLE DE | EN | DENT COAIM | | +130 |)= | | ÖR | +260= | | |
| | | | | | | | • | | TAL | | OR | TOTAL ADDIT. FEE | | |
| | | (Col | umn 1) | | (0 | Column 2) | (Column 3) | ADDIT. I | -668 | | | | | |
| AMENDMENT C | | ČL REM Al | AIMS AINING FTER IDMENT | | PI | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | . 7 | 7 | Minus | •• | 20 | = | X\$ 9 | <u> </u> | | OR | X\$18= | 1 | |
| | Independent | . 6 | 2 | Minus | ** | . 3 | = | X39 | | | | X78= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | _ | | OR | | -+- | |
| | | | +130 | | | OR | +260= | | | | | | | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE | | | | | | | | | | | | | | |
| *** | If the "Highest Num The "Highest Num | nbar Pr ber P re | eviously Pai viously Pai | ald For (Total o | S SP. | ACE is less that pendent) is the | n 3, enter "3." highest number f | ound in th | e app | oropriate box | in cot | umn 1. | | |